

Supplemental Application Data Sheet**Application Information**

Application number:: 09/688,017
Filing Date:: 10/13/00
Application Type:: Regular
Subject Matter:: Utility
Title:: ~~MOLECULAR INTERACTIONS IN
HEMATOPOIETIC CELLS~~
~~METHOD OF DETERMINING INTERACTIONS
WITH PDZ DOMAIN POLYPEPTIDES~~
Attorney Docket Number:: 020054-001110US
Request for Early Publication:: No
Request for Non-Publication:: No
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.:: No

Applicant No. 1 Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: S.
Family Name:: Lu
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 99 East Middlefield Road, No. 29
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94043

Applicant No. 2 Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joshua
Middle Name:: D.
Family Name:: Rabinowitz
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 750 N. Shoreline Blvd., #50
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94043

Applicant No. 3 Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Johannes
Family Name:: Schweizer
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 284 Tyrella Avenue, No. 17
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94043

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/570,118	05/12/00
This Application	Continuation-in-part of	09/570,364	05/12/00
This Application 09/569,525	Continuation-in-part of An application claiming the benefit under 35 USC 119(e)	09/569,525 60/196,460	05/12/00 04/11/00
09/569,525	An application claiming the benefit under 35 USC 119(e)	60/196,528	04/11/00
09/569,525	An application claiming the benefit under 35 USC 119(e)	60/196,527	04/11/00
09/569,525	An application claiming the benefit under 35 USC 119(e)	60/196,267	04/11/00
This Application 09/547,276	Continuation-in-part of An application claiming the benefit under 35 USC 119(e)	09/547,276 60/182,296	04/11/00 02/14/00
09/547,276	An application claiming the benefit under 35 USC 119(e)	60/176,195	01/14/00
09/547,276	An application claiming the benefit under 35 USC 119(e)	60/170,453	12/13/99
09/547,276	An application claiming the benefit under 35 USC 119(e)	60/162,498	10/29/99
09/547,276	An application claiming the benefit under 35 USC 119(e)	60/160,860	10/21/99

	USC 119(e)		
09/547,276	An application claiming the benefit under 35 USC 119(e)	60/134,118	05/14/99
09/547,276	An application claiming the benefit under 35 USC 119(e)	60/134,117	05/14/99
09/547,276	An application claiming the benefit under 35 USC 119(e)	60/134,114	05/14/99

Assignee Information

Assignee Name:: Arbor Vita Corporation
Street of mailing address:: 772 Lucerne Drive
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94086